

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/22/2021	Time of Crash 22:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 105 UNION ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000370	
License # _____ St _____ DOB/Age _____			Reg # 9FXE30			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year 2015			Veh Make SUBARU			Veh Config. 2 20	
Operator _____ Last _____ First _____ Middle _____			Owner SMITH KAITLYN			Last _____ First _____ Middle _____				
Address _____			Address 32 SPRINGFIELD ST			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City WATERTOWN			State MA			Zip 02472	
Insurance Company USAA			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 2 23			1 9			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility							
Operator See Above			-----			---				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age -----			Reg # 60330			Reg Type MEDICAL D			Reg State NY	
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year 2007			Veh Make BMW			Veh Config. 1 20	
Operator GORFINE STEPHEN			Owner (Same as operator)			Last _____ First _____ Middle _____				
Address 1215 FIFTH AVE (apt. 6B)			Address _____			Last _____ First _____ Middle _____				
City NEWYORK State NY Zip 10029			City _____ State _____ Zip _____							
Insurance Company STATE FARM			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) 019187AB			Most Harmful Event 2 23			1 9			11 Totaled	
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility							
Operator/Non-Motorist See Above			-----			99 99 99 0 0 10 1			NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

MV1 owner states they were alerted by the bouncer at 107R Union St that their vehicle had been hit. Bouncer, Steven Raveri, states he witnessed a BMW back into MV1 in the alley behind Thistle and Leek and then leave the scene. Another worker from Thistle and Leek, Christian McNeill, states he witnessed a BMW back into the Subaru more than once attempting to turn around before leaving the alley. I observed paint damage on the rear end of the Subaru.

Steven was able to take a picture of the BMWs plate (NY: MD60330) before it left. I was able to find the vehicles information and two phone numbers for the registered owner. I will be contacting them on my next tour of duty.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
RAVERI, STEVEN,	107R UNION ST NEWTON, MA 02459	-----	Y
MCNEILL, CHRISTIAN,	105 UNION ST NEWTON, MA 02458	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

CHRISTIAN MCNEILL

Employee for Thistle and Leek. Stated he saw the BMW back into the Subaru more than once trying to turn around before leaving the alley way.

STEVEN RAVERI

Bouncer at Union St bar and grill. Stated he saw the BMW back into the Subaru's rear end and push it a foot. Then left the scene.